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**DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE  
SERVICES REPORT  
G.S. 122C – 142.1**

Prepared for:

**NORTH CAROLINA GENERAL ASSEMBLY  
JOINT LEGISLATIVE COMMISSION ON  
GOVERNMENTAL OPERATIONS**

**February 2009**

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Mental Health, Developmental Disabilities and Substance Abuse  
Services**

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# **DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE SERVICES REPORT: July 1, 2007 – June 30, 2008**

## **INTRODUCTION:**

This is an annual report to the North Carolina General Assembly, initiated in the 1995 Legislative Session, and required thereafter to be submitted to the Joint Legislative Commission on Governmental Operations. The objective of the report is to provide an overview of Substance Abuse Services provided to Driving While Impaired (DWI) offenders, which is a major component of the State's response to the problem of impaired driving.

The report is a summary of data from the DWI substance abuse services Certificate of Completion (DMH-508-R) forms submitted within the fiscal year ending June 30, 2008. The data for this report includes: 1) forms submitted for persons who completed the mandated clinical substance abuse assessment and 2) forms submitted for persons who completed the mandated clinical substance abuse assessment as well as the education or treatment of a substance use disorder, in order to have their license re-instated. The total number submitted was 44,034.

## **BACKGROUND:**

North Carolina has had laws targeting DWI behavior since 1909 and statewide programs aimed at identifying and intervening with this population since 1980. Evaluations of this effort over the past twenty years have resulted in the refinement of the State statutes and the development of program standards and rules for service providers (effective September 1994). A review and revision of the rules governing providers of substance abuse services to DWI offenders was conducted in State Fiscal year 2000. These revised rules became effective on April 1, 2001.

The results of two recent Legislative Study Commissions, in 2004 and 2005, led to changes in the law related to efforts to improve DWI service delivery statewide. House Bill 35 directed the NC Department of Health and Human Services to increase fees for Alcohol and Drug Education Traffic School (ADETS) (from \$75.00 to \$160.00 effective October 1, 2006), increase the instruction from 10 hours to 16 hours, and reduce the class size from 35 to 20. It also directed an increase in staff qualifications for providers of ADETS. As of January 1, 2009, Certified ADETS instructors must at least hold a Certified Substance Abuse Counselor (CSAC) credential with the North Carolina Substance Abuse Professional Practice Board.

In addition, the bill established an outcomes evaluation study on the effectiveness of DWI services with an initial report to the Joint legislative Commission on Governmental Operations in December 2007. The report will be submitted every two years thereafter.

House Bill 1356 increased staff qualifications for persons completing substance abuse assessments, requiring minimally, certification as a Substance Abuse Counselor, by

October 1, 2008. It also increased the fee paid by DWI offenders for substance abuse assessments from \$50.00 to \$100.00. This represents the only increase in those fees since 1987.

## **THE WEB-BASED REPORT PROCESS:**

This report is based on information received through a web-based, electronic Certificate of Completion (DMH-508-R) system for the fiscal year ending June 30, 2008.

The electronic version of the Certificate of Completion (DMH-508-R) forms was initiated in October 2006. This is a significant improvement for the system. It improves the quality and efficiency of the verification process completed by the DWI Services office. The electronic system allows for increased monitoring of providers and those they serve. It also improves our research and reporting capabilities.

The original paper DMH-508-R form was established in 1987 and was updated in 1996 and 2006. A copy of this form is included with this report as **Attachment A**. This form is used to verify completion of substance abuse services and facilitate the removal of the “stop” that is entered on a convicted DWI offender’s driving record by the Division of Motor Vehicles. If there are no further issues on the driving record, the person may be considered for driver’s license reinstatement.

Upon completion of required services, an authorized DWI provider forwards the Certificate of Completion (DMH-508-R) form electronically to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS). It is reviewed by the DWI Services Office for accuracy, completeness and compliance with statutes and administrative rules. Once approved, it is forwarded electronically to the Division of Motor Vehicles for further processing.

Attachments to the report highlight the demographic characteristics of DWI offenders with numbers and percentages for gender, race, marital status, education, employment and age. Additional attachments indicate the number of individuals completing services by the county of arrest and the numbers of in state and out of state offenders.

The services recommended and completed are shown by totals and percentages of offenders referred to each of the defined service levels:

1. Education-Alcohol and Drug Education Traffic School (ADETS)
2. Short-term Outpatient Counseling
3. Long-term Outpatient Treatment
4. Intensive Outpatient Treatment
5. Inpatient Treatment with Continuing Care
6. Special Service plans for persons whose circumstances prevent participation in one of the other programs.

The list of active facilities is organized by DWI facility code. The number of clients completing education or treatment for a substance use disorder is listed. Fees paid to

providers by DWI offenders are compiled and shown as averages for the levels of service.

## **DEMOGRAPHICS:**

**Attachment B1** documents the demographic characteristics of DWI offenders for fiscal year 2007-2008. The majority of individuals completing substance abuse services after a DWI offense are single, white, young, employed males. Highlights from the demographic data are as follows:

- 52% Never married
- 75 % White
- 18% African American
- 9 % Hispanic
- 1% Native American
- 78% Males
- 41% Completed high school or GED education
- 76 % Employed Full Time
- 11% Ages 15 to 20
- 45% Ages 21 to 34
- 43 % No Health insurance

**Attachment B2** lists the number and percent of DWI offenders completing substance abuse services by county of arrest. The larger, more densely populated counties have the highest rates of offenders.

**Attachment B3** shows that 5% of the cases for this period are for individuals with a license in another state.

G.S. 122C – 142.1 (i) defines the information to be included in this report on substance abuse services for those convicted of Driving While Impaired or Driving While Less Than 21 Years Old After Consuming Alcohol Or Other Drugs. That information is as follows:

***(1) The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person's driver's license under G.S. 20-17.6.***

The following data was obtained from data collected by the NC Judicial Department - Administrative Office of the Courts Management and Information Services for persons convicted of alcohol-related driving offenses during the 2007-2008 State fiscal year. The number of persons convicted was 42,071. Of those, 347 cases were convicted as Habitual DWI; North Carolina law does not allow these convictions to be considered for re-licensure after completion of substance abuse services. The number of cases requiring a certificate of completion during the previous fiscal year as a condition of restoring their driver's license is 41,724. This number excludes the habitual offenders.

CONVICTIONS SFY 2007-2008	
DWI (Levels 1-2)	8956
DWI (Levels 3-5)	28,631
DWI (aid and abet)	27
Driving after consuming under age 21	4,074
DWI (commercial vehicle)	36
Habitual DWI*	347
<b>TOTAL</b>	<b>42,071</b>

\*excluded from total cases requiring a Certificate of Completion (DMH-508-R).

***(2) The number of substance abuse assessments conducted during the previous fiscal year for the purpose of obtaining a certificate of completion.***

During this report period, 44,034 Certificate of Completions (508s) were submitted to verify that a clinical substance abuse assessment was completed as required by North Carolina law. **Attachment C**, Substance Abuse Assessments, indicates that 51% of these assessments were completed pre-trial.

***(3) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment for a substance use disorder and, for those recommending treatment, the level of treatment recommended.***

There are 6 levels of service identified for DWI offenders. The first level is substance abuse education. North Carolina has a standardized educational program known as Alcohol Drug Education Training School (ADETS) for those who do not have a substance use disorder or other indicators that may require treatment. This year, ADETS Instructors were trained in an evidence-based curriculum, known as PRIME for Life, by Prevention Research Institute. It is being reviewed for placement on the federal Substance Abuse Mental Health Services Administration's (SAMHSA) National Registry of Evidence based Programs and Practices (NREPP).

Of the 44,034 assessments reported, 7672 or 17% recommended an ADET school, and the remainder recommended treatment (**Attachment D**).

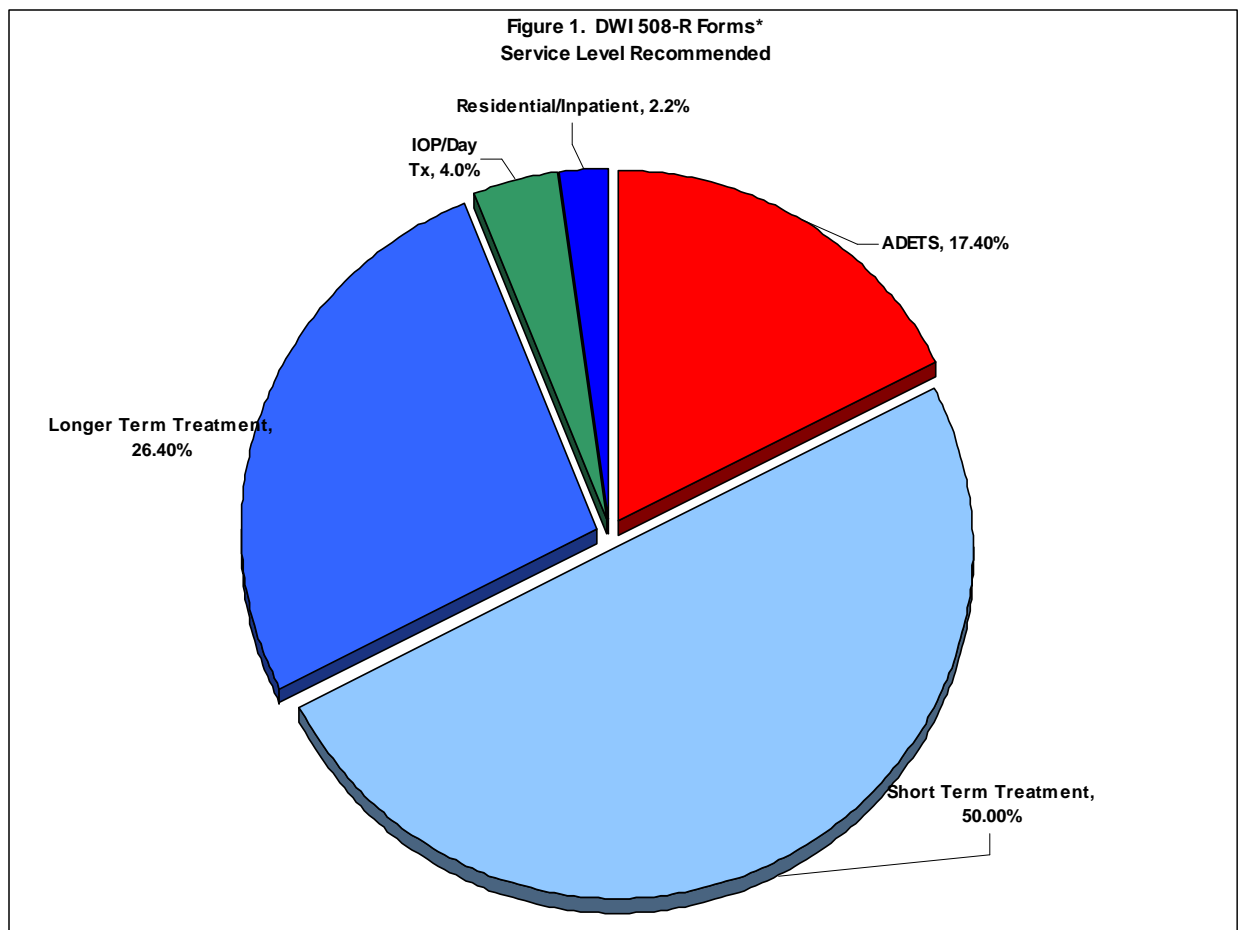
Short term outpatient treatment is primarily for those offenders with a substance abuse diagnosis. Longer term outpatient, intensive outpatient/day treatment, and residential or inpatient services are typically for those with a substance dependence diagnosis.

For those assessments that resulted in a treatment recommendation, the number recommended for each level is as follows:

- Short term outpatient -22,061
- Longer term outpatient -11,643
- Intensive outpatient – 1714
- Residential services - 943

Over 82% of DWI offenders were recommended to attend treatment services for a substance use disorder. Approximately 27% of DWI offenders assessed had a diagnosis of substance dependence. The most common diagnoses were alcohol abuse and alcohol dependence. However, many other substances were included in diagnoses categories of either abuse or dependence. Approximately 7% of cases had other drug abuse or dependence other than alcohol. The most common substances after alcohol were cannabis, cocaine and opiates.

In the following **Figure 1**, the recommended service levels are reflected in percentages.



***(4) Of the number of persons recommended for an ADET School or treatment for a substance use disorder, under subdivision (3) of this subsection, the number who completed the school or treatment.***

28,636 individuals who were assessed actually engaged in treatment or education (**Attachment D**). The majority of individuals were engaged in substance abuse services and completed services within 4 months of the assessment.

Over 15,000 individuals or 35% of those assessed did not complete any other substance abuse services during this period. Some of these may be in the process of completing substance abuse services currently, while others may be waiting for sentencing by the court before moving forward with any further requirements. Over 80% of these individuals have been identified to be in need of treatment for a substance use disorder, with at least 1/3 also being recidivists. Many of these will not complete treatment services even though they have a problem independent of any legal issues.

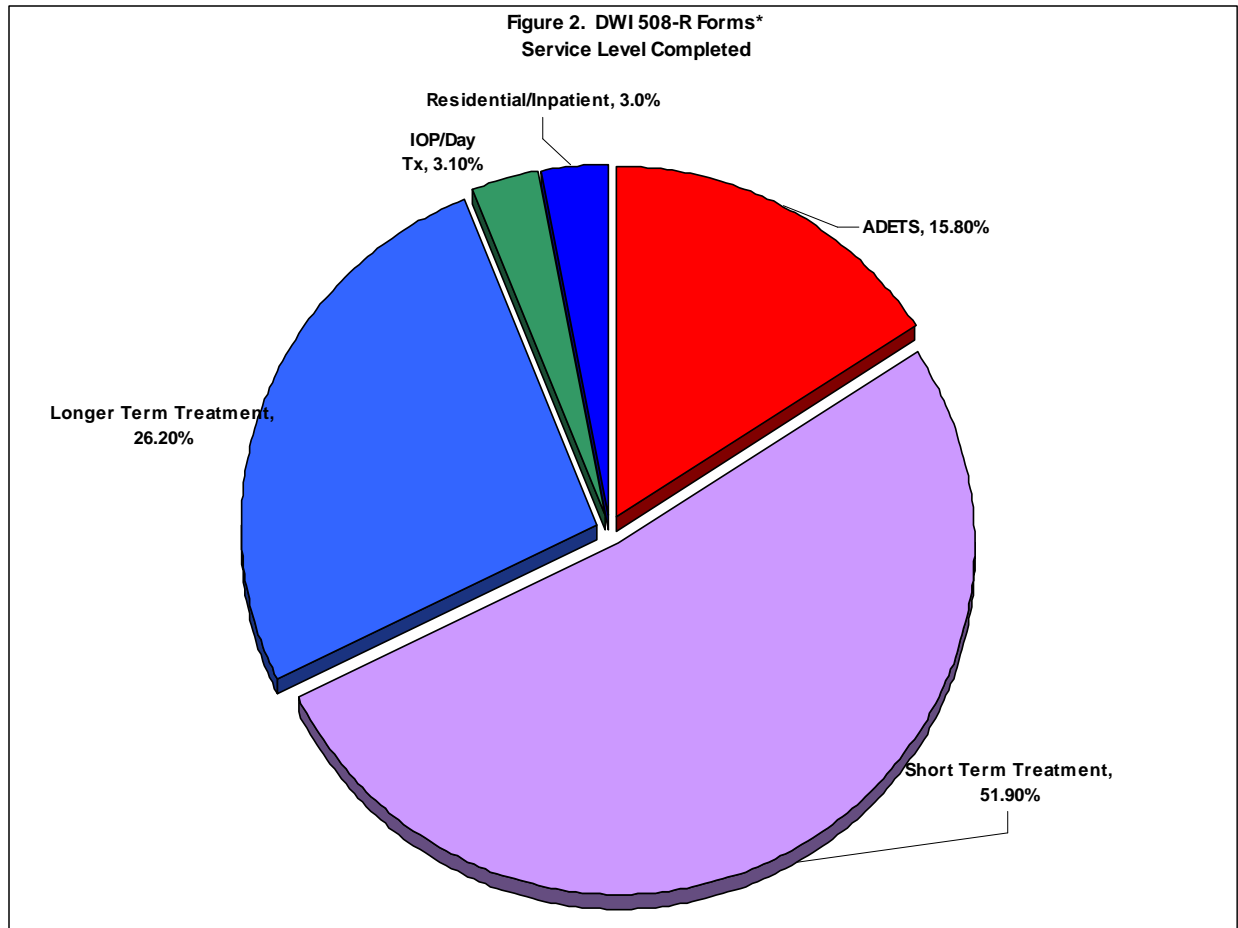
The number of persons who completed education (ADETS) or treatment is as follows:

- ADETS -4538
- Short term treatment -14,854
- Long term treatment - 7496
- Intensive outpatient treatment -897
- Residential treatment followed by continuing care –851
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The above levels of substance abuse services are based upon nationally recognized patient placement criteria developed by the American Society of Addiction Medicine (ASAM). Most substance abuse treatment today is provided on an outpatient basis.

Substance abuse services for DWI offenders are also based upon minimum formulas of hours and days. For example, the minimum service plan accepted for “short term” treatment is twenty hours of counseling extending over at least thirty days. These minimum “length of stay” formulations apply to each of the treatment levels. “Special Service Plans” may be developed for persons with disabilities, language barriers or other special circumstances that may prevent them from completing traditional services.

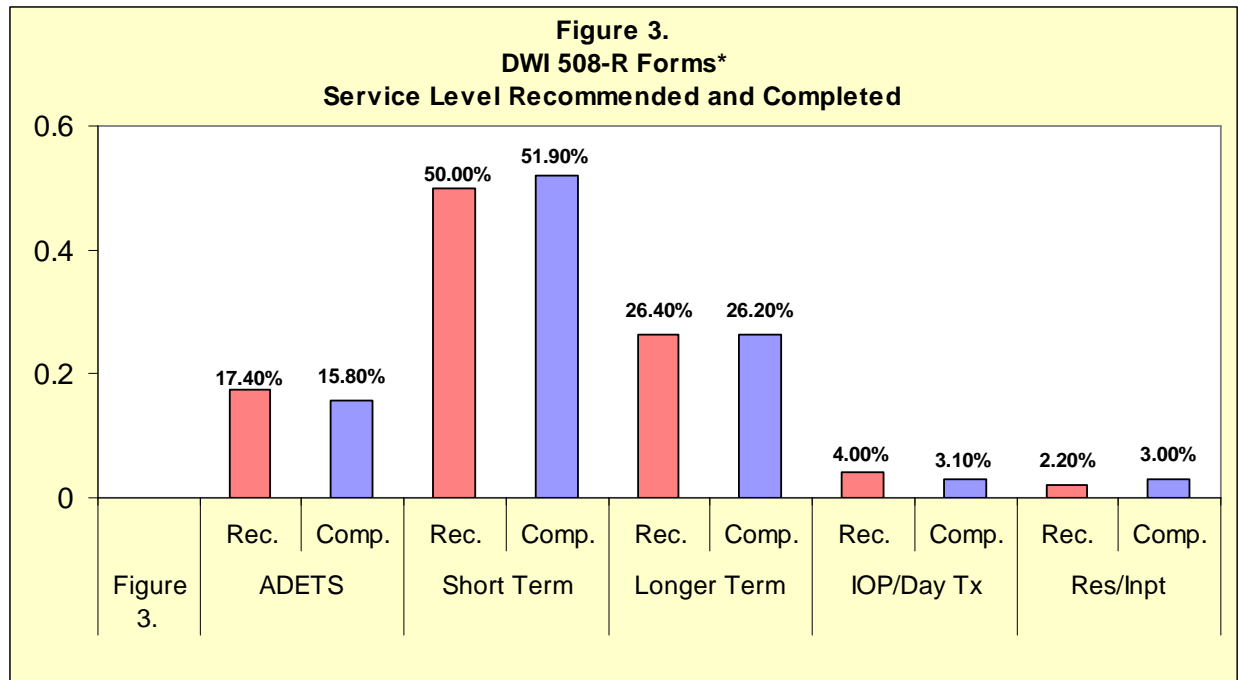
**Figure 2** shows the number of persons who completed the recommended levels of service in percentages.



The majority of individuals completed services over a period of 4-8 weeks, on an outpatient basis. Although outpatient services have been proven to be effective, in many instances, the individuals do not remain in treatment long enough for successful outcomes. Research supports at least 3 months of treatment for significant improvement (Principles of Drug Addiction Treatment, NIDA, 2000).

A comparison of the recommendations for services with the actual services delivered is shown on the next page in **Figure 3**. The majority of clients completed the level of service that was originally recommended. In some instances, services recommended are not available in their area and so individuals may attend another level of care.





Some key factors to consider about this group of offenders served in fiscal year 2008 are:

- The highest breath alcohol concentration (BAC) found in this group is .29;
- This group of offenders has an average BAC of .16 (more than 1.5 times greater than the *legal* definition of impairment (.08%) in North Carolina); and
- 14,723 or 33% were convicted of at least one prior offense.
- 6% had more than one substance diagnosis.

**(5) *The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment for a substance use disorder.***

**Attachment E** is an accounting of DWI assessments conducted by each authorized facility in FY 2007-2008 and their recommendations to ADETS or treatment for a substance use disorder. The list is organized by the facility authorization code assigned by DMHDDSAS – DWI Services.

**(6) *The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services.***

The DWI substance abuse assessment fee is \$100.00. The fee for the standardized ADETS program is \$160.00. Both fees are set by Statute. For those attending treatment for a substance use disorder, a minimum payment of \$75.00 is also established by Statute. Service providers may charge additional fees for treatment; however, public providers may not delay nor deny services due to an inability to pay.

Providers are allowed, however, to hold the DWI Certificate of Completion form (DMH-508-R) pending the receipt of fees which the client has agreed to pay. The average amount of fees charged and received is documented in **Attachment F**. The average cost for short term outpatient treatment for substance use disorders is \$366.00; this service is usually 20 hours of counseling. The average cost for longer term treatment is about \$600.00 for forty hours of counseling.

## **SUMMARY / IMPLICATIONS:**

- Just under half or 49% of individuals are delaying the completion of a clinical substance abuse assessment until conviction, which may be years after the arrest. This percentage is down from 57% last year. Early identification and intervention has been proven to enhance treatment outcomes.
- Over 15,000 individuals or 35% of those assessed did not complete any other substance abuse services during this period. Over 80% of these individuals have been identified to be in need of treatment for a substance use disorder and of those approximately 1/3 are repeat offenders. Many of these will not complete treatment services even though they have a substance abuse diagnosis independent of their legal issues. Ensuring immediate and consistent compliance with mandated services related to DWI offenses may have a positive impact on the health and safety of our communities.
- 28,636 individuals who were assessed actually engaged in treatment or education. The majority of individuals was engaged in substance abuse services and completed services within 4 months of the assessment.
- The majority of DWI offenders completing mandated assessments and education or treatment for substance use disorders are single, white, young, employed males. According to the National Highway Traffic Safety Administration (NHTSA), drivers between the ages of 21 and 34 are involved in 50% of the alcohol related highway fatalities annually. This age group makes up 46% of the DMH-508-R certificate of completion forms in this report.
- Over one third of the convicted offenders who completed a substance abuse assessment related to a DWI offense are repeat offenders (33%). The highest number of priors reported was 12. The average number of priors reported was 1.6 (**Attachment D**).
- 32% of convicted DWI offenders who completed services had a substance dependence diagnosis and received long term treatment or more. Substance dependence is a chronic, relapsing condition similar to other diseases such as high blood pressure, diabetes and heart disease that require lifelong attention and a variety of interventions based on the severity of the condition and overall health.